

A 99 00000 1108

The Wolf Family Limited Partnership
P. O. Box 1515
Winter Haven, FL 33880

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
500003150005--6
-02/28/00--01135--001
2. _____ (Corporation Name) _____ (Document #)
*****94.79 *****94.79
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
00 MAR 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A99-1108

Name	CR 3-15
Availability	
Document	
Fee	
Signature	
Ver. #	
Notary	
W. R. [Signature]	



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 29, 2000

THE NOLL FAMILY LIMITED PARTNERSHIP
P.O. BOX 1515
WINTER HAVEN, FL 33882-1515

SUBJECT: THE NOLL FAMILY LIMITED PARTNERSHIP
Ref. Number: A99000001108

FILED
00 MAR 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE NOLL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$621.04. However, the document has not been filed and is being retained in this office for the following:

On the affidavit the general partner must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 700A00010875

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of The Noll Family Limited Partnership

, a

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the capital contributions of the limited partners is: \$ 182,068 (1).

This 21st day of February, ~~19~~ 2000.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner(s)

Richard A. Noll *con/partner*

Fees:	
\$7 per \$1000, based on additional contributions	
Minimum	\$ 52.50
Maximum	\$1750.00

(1) Total	\$ 182,068
Previously filed	(168,527)
Additonal capital	\$ <u>13,541</u>
Fee due	\$ <u>94.79</u>

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
00 MAR 15 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA